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ENROLLMENT QUESTIONNAIRE

1.	Date of visit (day/month/year)	_/_	/	
2.	Age			
3.	Nationality 1=Kenyan; 2=Tanzanian; 3=Ugandan; 4=Somali; 5=other, specify			
4.	Tribe			
5.	Place of birth: Town Country			
6.	Religion 1=Protestant; 2=Catholic; 3=Moslem; 4=other, specify			
7.	Marital status 0=never married; 1=currently married; 2=widowed/divorced			
8.	Years of education			
9.	Age at first sex			
10.	Workplace (1=bar/restaurant/guesthouse; 2=nightclub; 3=home-based; 9=other)			
11.	Years as a prostitute/barmaid (0 if <1 year)			
12.	Frequency of sexual intercourse per week			
13.	Frequency of sexual intercourse with condoms per week			
14.	Average # of different partners per week			
15.	Average charge for sex (KSh) (enter 9 if living expenses provided)			
	Do you have: a. Vaginal sex? 0=no; 1=yes b. Oral sex? 0=no; 1=fellatio; 2=cunnilingus c. Anal sex? 0=no; 1=yes d. Vaginal sex during menses? 0=no; 1=yes			
17.	Do you engage in deep kissing or kissing involving the tongue? If yes, a. Frequency of deep kissing per week b. Frequency of deep kissing per month c. How often do you practice deep kissing when you have sex with clients? 100% (Always); 75% (Often); 50% (Sometimes); 25% (Not often); 0% (New d. How often do you practice deep kissing when you have sex with your	 rer) 		
	boyfriend or steady partner? 100% (Always); 75% (Often); 50% (Sometimes); 25% (Not often); 0% (Nev	er)		

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18.	Current method of contraception (0=none; 1=condoms only; 2=OCP; 3=spermicides; 4=diaphragm; 5=Depo provera; 6=IUD; 7=tubal ligation; 8=hysterectomy; 9=norplant; 10=other [specify])	
	a. If Depo Provera, how long have you used it (months)?	
	b. If OCP, how long have you used it (months)? Name	_
	Dose	
19.	Do you use anything to clean your vagina? If yes, what? 0=no; 1=water alone;	
	2=with Omo; 3=soap/water; 4=Dettol; 5=other, specify	
20.	How do you clean inside your vagina? (0=not done; 1=finger; 2=douche bag; 3=bathing flannel; 4=other, specify	
21.	Do you use agents to lubricate your vagina for sex? (0=no; 1=water; 2= saliva; 3=vaseline; 4=KY jelly; 5=other, specify	
22.	Do you put anything into your vagina? (i.e. herbs, traditional cures, drying agents, etc.)_0=no; 1=yes, specify	
23.	Currently pregnant? 0=no; 1-9=estimated month of gestation if pregnant	
24.	Number of pregnancies, including current one if pregnant	
25.	Number of live births	
26.	Circumcised? 0=no; 1=yes	
	If yes,	
	a. At what age?b. What was removed? 1=clitoris; 2=labia; 3=both	_
	c. Were you sewn up? 0=no; 1=yes	_
27.	Do you:	
	a. Smoke? If yes, cigarettes per day.	_
	b. Drink alcohol? If yes, drinks per week c. Chew mira? If yes, times per month.	_
	d. Smoke marijuana? If yes, times per month.	
	e. Use cocaine? If yes, times per month.	
	If yes, how? 1=sniff; 2=smoke; 3=inject; 4=other, specify	
	f. Use intravenous drugs? If yes, times per month.	
28.	In the last 3 months, have you had blood transfusions? 0=no; 1=yes	
29.	Serious medical problems? 0=no; 1=yes Describe	
30.	Have you been hospitalized? 0=no; 1=yes	

Mombasa Cohort	Study ID# QRS
Interviewer: "Now I am going to ack you s	some questions about recent sexual activity and vagin

Interviewer: "Now I am going to ask you some questions about recent sexual activity and vaginal washing."

DURING	THEL	AST	WORKIN	G WEEK:
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		Enrollment
31.	# different sex partners	
32.	Frequency of vaginal intercourse	
33.	Frequency of vaginal intercourse with condoms	
34.	Frequency of anal intercourse	
35.	Frequency of anal intercourse with condoms	
36.	Frequency of deep (French) kissing	
37.	Have you used anything to wash the inside of your vagina? (If no, skip to question 42)	
38.	How far inside your vagina did you wash?	
	0=introitus only (no deeper than fingertip); 1 =beyond introitus	
39.	What have you used to wash inside your vagina?	
	0=finger; 1=bathing flannel; 2=other If other, specify:	
40.	How many times did you wash inside your vagina with	
	a. Water only?	
	b. Soap and Water?	_
	c. Antiseptic (e.g. Dettol)?	
	d. Detergent (e.g. Omo)?	
	e. Other substance?	
	If other, specify:	
41.	How many hours since you last washed inside your vagina?	
42.	Have you used a vaginal lubricant for sex? (if no, skip to 44)	
43.	How many times did you lubricate withí	
	a. Water?	
	b. Saliva?	<u> </u>
	c. Vaseline?	
	d. KY Jelly?	
	e. Other	_
	If other, specify:	_
44.	Have you put anything in your vagina for purposes other than washing? (e.g herbs, traditional cures, drying agents, etc)?	
	If yes, specify:	
45.	In the last MONTH, how many new sex partners have you had?	
	In the last MONTH, were you forced to have sex without your consent?	
	Initials of the person completing this questionnaire Initials of person entering data in computer Initials of person performing line listing	